

Case No. \_\_\_\_\_

## PETITION FOR APPEAL/ADMINISTRATIVE REVIEW

<b>APPLICANT INFORMATION</b>	Petitioner _____ Mailing Address _____ City _____ State _____ Zip _____  Telephone (    ) _____ Fax _____ E-mail _____
<b>PROPERTY OWNERSHIP</b>	Property Owner(s) _____ Mailing Address _____ City _____ State _____ Zip _____  Telephone (    ) _____ Fax _____ E-mail _____
<b>CONTACT PERSON</b>	Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____  Telephone (    ) _____ Fax _____ E-mail _____ <i>(All staff correspondence will be sent only to the designated contact person)</i>
<b>REQUEST LOCATION</b>	Location Address: _____ City _____ State _____ Zip _____  Subdivision: _____ Block: _____ Lot: _____ Zoning District: _____  Deed Reference: Book _____ Page _____ Property Dimensions: Frontage _____ ft.; Depth _____ ft. Area _____ Acres/Square feet
<b>NATURE OF APPEAL</b>	Person making decision/interpretation: _____ Date of decision/interpretation: _____ <p style="text-align: center;"><i>(petition must be submitted within 30 days of above date)</i></p> State the exact nature of decision, /map or ordinance interpretation being appealed, as you understand it.  _____ _____ _____ _____

**STATEMENT OF  
APPEAL**

State your arguments on behalf of this appeal. Use back of this form or additional sheets if necessary.

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*I/We understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Ashland Zoning Ordinance as well as all procedures and policies of the City of Ashland Board of Zoning Appeals as those provisions, procedures and policies relate to the handling and disposition of this application; and that the information contained in this application is true and accurate to the best of my/our knowledge.*

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(printed name of applicant)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(printed name of applicant)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of property owner)

\_\_\_\_\_  
(printed name of property owner)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of property owner)

\_\_\_\_\_  
(printed name of property owner)

\_\_\_\_\_  
(date)

**City of Ashland  
Department of Planning & Community Development  
1700 Greenup Avenue, Room 208  
P. O. Box 1839  
Ashland, Kentucky 41105-1839  
Telephone (606) 327-2030  
Fax (606) 325-8412**

Rec'd by:

Date: